

**Nebraska Office of Consumer Affairs
 Peer Support and Wellness Specialist Skills Training Application
 Thursday Series - March 10th, 17th, 24th, 31st, and April 7th
 Location: YORK, NE**

Fax All 7 Pages of Application to: ATTN: Lucy Flores 402-471-7859 Email All 7 Pages of Application to: Cynthia.harris@nebraska.gov	Or Mail All 7 Pages of Application to: Cynthia Harris Division of Behavioral Health P.O. Box 95026 Lincoln, NE 68509	Email Assistance: Cynthia.harris@nebraska.gov Phone Assistance: Lucy Flores 402-471-7644
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DEADLINE FOR APPLYING:

Monday February 01, 2016, 5:00 p.m. CST.

**If accepted to the training, you will be notified via email or telephone on or around
 February 12, 2016.**

Congratulations on deciding to apply for the upcoming Peer Support and Wellness Specialist Skills Training! This 40 hour training from members of the Nebraska Office of Consumer Affairs Facilitator's Circle will be an excellent opportunity to enhance your skills and get plugged in with the network of peers that are dedicated to moving Peer Support to the next level as a profession in Nebraska. Peer Support Specialists identify that they have lived experience. The Peer Support workforce works from the perspective of their lived experience with mental health and/or substance use challenges, trauma, and their own personal recovery/wellness journeys to assist in educating others about the reality of success, hopes, and dreams and the multiple pathways to recovery!

The focus of training will include Nebraska specific material from Focus on Recovery United, Shery Mead Consulting, and Yale University, as well as important components from statewide peer leadership. This training is for individuals with any lived experience with behavioral health conditions and/or trauma. Priority is to those who are working/volunteering in the behavioral health field serving veterans, individuals, families, and/or children/youth who have been impacted by a behavioral health condition and/or trauma.

Upon completion of the 40 hour training, you will receive a certificate of attendance. Persons who hold a certificate of attendance from a 40 hour peer support training are eligible to complete an oral and written examination to become certified as a Peer Support and Wellness Specialist by the Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs (DHHS-DBH-OCA).

Please note that the training modules for this training were designed for adults with behavioral health conditions/trauma. In addition, certification as a Peer Support and Wellness Specialist does not guarantee you employment. This is a training opportunity to enhance your skills and to achieve eligibility for certification through DHHS-DBH-OCA. If you are interested in learning more about other Peer Support Trainings, such as Family Peer Support, please contact us and we will connect you with opportunities in your area.

Thank you for your interest and good luck with your application!

Contact Information:

Name:
Telephone:
Mailing Address (including city and zip) :
Home email:
Current Work/Volunteer Title:
Work/Volunteer Business Name:
Work status (check one): Paid_____ Volunteer_____
Work/Volunteer Address:
Work email:
How did you hear about this training?

- May we leave information regarding the status of your application with someone other than you?

If yes, complete:

Name: _____

Phone: _____

Best Time to Try: _____

- Please list any accommodations (accommodations are not based on personal preferences):

Applicant's Full Name: _____ Date _____

1. What does peer support mean to you?

2. Why would you like to attend this training?

3. What does recovery and/or wellness mean to you? What were/are important factors in your recovery and/or wellness journey?

4. Peer Support Specialists share their personal lived experience while in the role of a peer supporter and when appropriate. Are you comfortable using your personal lived experience while in the role of a peer supporter? If yes please provide an example of a time when you have done so. If no, please explain.

Applicant's Full Name:_____ Date_____

5. Peer Support Specialists come into contact with a variety of people, all with a unique background/worldview. Understanding the viewpoints and experiences of others is a key element of effectively communicating with people who have experienced life different than you. Please describe your ability to relate to others from different backgrounds/worldviews.

6. Please describe how the training will help you make a difference in the lives of others and how you will reach those whom you wish to serve.

7. Have you received previous recovery related training or have experience in supporting or advocating for individuals who have been impacted by behavioral health challenges? (For example, support group leadership, self-advocacy, public testimony, and trauma informed care training, wellness recovery action planning, etc.)? Please be specific listing location and dates if possible.

Applicant's Full Name: _____ Date _____

8. Do you foresee any challenges related to you attending the training? If so do you have a plan in place to work with this challenge?

9. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

10. Do you currently hold a position where you will use the skills gained through The Nebraska OCA Peer Support training? Please select ____ Yes **or** ____ No

a) If yes, do you receive pay for this position? ____ Yes ____ No

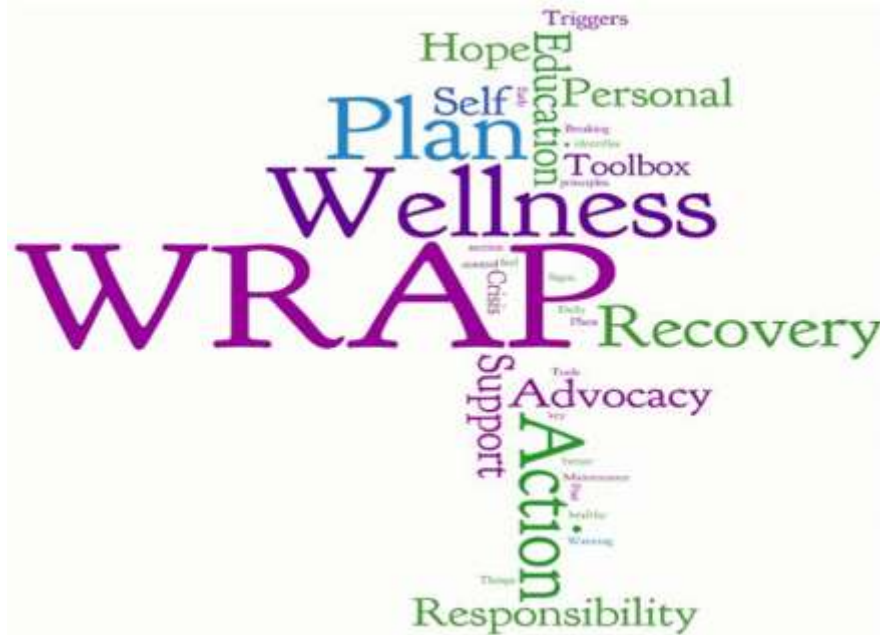
b) Is your employer compensating you for your time in training? ____ Yes ____ No

c) If yes. Please specifically indicate in which ways your employer is compensating you (time at training, travel, lodging, etc.):

Is there anything else you would like us to know in considering you for the March 2016 Nebraska OCA Peer Support training?

Applicant's Full Name: _____ Date: _____

Self- Care



The Office of Consumer Affairs encourages the use of self- care tools while attending this training. If selected to attend the training and the OCA budget allows for it, you have the option of receiving a Wellness Recovery Action Plan (WRAP). The purpose of this book is to be used for self-care and not as a teaching tool. We recognize that there are many self-care tools and we encourage you to learn more about what is available to you.

To learn more about WRAP please visit www.mentalhealthrecovery.com

11) Please select ONE WRAP book which you would like to receive.

- ____ WRAP
- ____ WRAP for Addictions
- ____ WRAP for Veterans and People in the military
- ____ WRAP for the effects of Trauma
- ____ Plan de Acción para la Recuperación del Bienestar
- ____ I already have a WRAP book
- ____ I do not need a WRAP book at this time

12. Directions: Please check all that apply

My lived experience is with/as a:

- a. _____ Recovery with Mental Health challenges only.
- b. _____ Recovery from Substance use only
- c. _____ Recovery with Dual Diagnosis (co-occurring)
- d. _____ Recovery with Trauma
- e. _____ Family member
- f. _____ Military/Veteran

_____ YES, I attest I am willing to self-identify my lived experience with a behavioral health condition, trauma, and/or recovery while in the role of a peer supporter and when appropriate.

_____ NO, I do not want to disclose my personal lived experience with a behavioral health condition, trauma, and/or recovery while in the role of a peer supporter.

Optional: If no, please explain _____

_____ I understand that I am responsible for all costs associated with transportation, food, and lodging arrangements.

_____ In respect to my lived experience, I have been in recovery for at least one year.

_____ I understand that this training does not guarantee employment, but rather is an opportunity to enhance my skills while in the role of a peer support specialist.

_____ I completed this application on my own.

Once you have completed the application please sign and date, confirming your submission and that you understand its contents.

PRINTED NAME _____

SIGNATURE _____

DATE _____

If you have any further questions please contact the Office of Consumer Affairs

Cynthia Harris, MS, CPSWS

Cynthia.harris@nebraska.gov

402-471-7766 (office phone)